OREGON MEDICAL BOARD
REPORT

Willamette Valley

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Upcoming Meetings

December 1, Noon
Acupuncture Advisory Committee

December 7, 8 a.m.
Investigative Committee

December 13, 5 p.m.
Administrative Affairs Committee

January 4, 2024, 8 a.m.
Board Meeting

*Visit **omb.oregon.gov/meetings** for a complete list of upcoming meetings.*

Happening Now: Medical License Renewal

Medical license renewals for Oregon physicians and physician assistants are now underway. Current licenses are set to expire on **December 31, 2023.**

This year, the OMB anticipates approximately 25,000 physicians and PAs will renew their licenses during this three-month period. Submit your renewal application and materials early to ensure timely approval.

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Katja Daoud, MD, Joins Oregon Medical Board

The Oregon Medical Board is pleased to announce Dr. Katja Daoud as its newest member.

Dr. Daoud has been a practicing clinical rheumatologist with Providence Arthritis Center in Portland for more than 20 years. She graduated with a BA in psychology from the University of Vermont and attended medical school at the University of Cincinnati. Following an internal medicine residency at the University of Utah, she completed a rheumatology fellowship at Oregon Health and Science University in 2002.

Dr. Daoud has been privileged to care for patients with a wide spectrum of rheumatologic and musculoskeletal conditions, and has been recognized by Providence for her patient care and satisfaction.

In her free time, Dr. Daoud enjoys spending time with her family, exploring the outdoors, and being active in her community. ✚

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine in a manner that promotes access to quality care.

License Renewals Due December 31, 2023

Renewals are completed on the **Applicant/ Licensee Services webpage**. Once you log in, select the option to "Renew My License." It is important to review all information on your renewal to ensure it is complete, accurate, and up to date, including addresses, employment or hospital privilege locations, and other state licenses.

New in 2023: Mental Health Attestation
To better support licensees in seeking the care they need without anxiety or trepidation, the Board removed intrusive and stigmatizing language around mental health care and treatment from licensure applications and renewals, and now implements an advisory statement and attestation. More information is available at **omb.oregon.gov/wellness**.

Continuing Medical Education
You may be randomly selected for a state-required audit of continuing medical education (CME). If selected, you will be notified by email and physical mail. The audit notification will provide directions on how to submit your materials. Audited licensees have 60 days from the date on the notification to provide documentation of CME obtained during the audited license period. For more information, see page 6 or visit the Board's **Continuing Education webpage**.

Self-Service Printing of Certificate of Registration
Once your license renewal has been approved, you will receive an email with instructions on how to print your new Certificate of Registration. Please take some time to review all current personal information in your file to ensure everything is correct. You may review your licensure information and print your new Certificate of Registration by logging into **Applicant/Licensee Services**.

REMEMBER: Dishonesty in any form on a license application or renewal is a violation of the Medical Practice Act, and submitting a completed renewal acts as affirmation that all information shared is correct. The Board issues fines (or "civil penalties") for omissions or false, misleading, or deceptive statements or information, and serious acts of dishonesty on an application or renewal are grounds for further discipline.

Statement of Philosophy: Mental Health and Wellness

The Oregon Medical Board is obligated to regulate physicians, physician assistants, and acupuncturists in their practice of medicine or acupuncture and to protect the public from practice by an impaired licensee. The Board also supports licensees to remain in safe practice.

Medical providers suffer physical and mental health conditions just as their patients do, and the stigmatization of mental illness has harmed many. The Board supports de-stigmatization of mental illness in its approach on application and renewal materials and recognizes that the presence of mental illness, or the seeking of care, does not constitute impairment.

In seeking to protect and support, the Board focuses on current impairment, not on the potential of future impairment or disability. When mental illness does not impair a licensee's practice, the Board does not restrict it.

When mental illness does impair a licensee's ability to safely or competently practice, the Board is compelled to act. When having reasonable cause to believe a licensee is impaired, the Board may direct or order an investigation which may include medical, physical, or mental evaluation. Mental examination is performed by impartial psychiatrists retained by the Board.

When presence of impairment is found, it is addressed individually, with discipline that may include practice limitation, probation, suspension, revocation, or denial of license. These disciplinary actions by the Board are reported to the National Practitioner Data Bank (NPDB).

The Oregon Wellness Program (OWP) and the Health Professionals' Services Program (HPSP) are two additional ways in which the Board offers support for licensees with mental illness, whether impaired or not. Additional information regarding HPSP can be found in Board's Statement of Philosophy on **Supporting Licensees with Substance Abuse and Mental Health Disorders**.

– Revised October 5, 2023

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 9.3.1 Physician Health & Wellness; American Association of Physician Assistants' Guidelines for Ethical Conduct for the PA Profession: The PA and Individual Professionalism; and Oregon Association of Acupuncturists' Code of Ethics: 1.1 Competence.

– ORS 677.190(1)(a) and ORS 677.188(4)(a)

50 Years of Acupuncture Practice in Oregon

In 1973, the Legislature added acupuncturists to the Oregon Medical Board's regulatory responsibilities, and the Acupuncture Advisory Committee met for the first time the following year. The following is a brief history of acupuncture in Oregon, as outlined by legislative milestones. ✚

Timeline of Acupuncture in Oregon

1973 A new law permits acupuncture by non-physicians provided that it is performed under the "supervision and control" of a physician licensed by the OMB.

1981 The legislature declares that Oregon citizens are entitled to treatment by acupuncturists if they are referred by a doctor, or if they have not been referred but have consented to release of, and the acupuncturist has received, their medical history "along with a diagnosis by any licensed practitioner of the healing arts."

1983 The requirement that acupuncture be performed under the supervision and control of a licensed physician is removed from the law, as is the requirement that patient records be submitted upon request to the Board or OHSU.

1991 The "registration" of acupuncturists is changed to "licensing," and ORS 677.750, which determined when a person was entitled to treatment by an acupuncturist, is repealed. Now anyone can seek treatment by an acupuncturist, making it especially important that acupuncturists are able to recognize symptoms that need to be treated by Western medical methods.

1993 The definition of "acupuncture" is broadened to include moxibustion; use of electrical, thermal, mechanical, or magnetic devices to stimulate acupuncture points; traditional and modern techniques of diagnosis and evaluation; Oriental massage, exercise, and related therapeutic methods; and the use of Oriental pharmacopoeia, vitamins, minerals, and dietary advice.

1997 The existence of the long-established Acupuncture Committee is incorporated into Oregon law.

2007 The law is updated to allow a licensee who has earned a doctoral degree in Oriental Medicine and Acupuncture from an accredited program to identify themself as a “doctor of acupuncture and Oriental medicine.”

2021 Rulemaking is implemented to clarify a licensee who has earned an acupuncture accredited doctoral degree may use the title of doctor in connection with their practice of acupuncture. See examples **here**.

Today More than 1,500 acupuncturists provide care to Oregonians.

Acupuncturists by County

Baker	1
Benton	23
Clackamas	126
Clatsop	14
Columbia	6
Coos	10
Crook	1
Curry	7
Deschutes	90
Douglas	7
Gilliam	0
Grant	1
Harney	1
Hood River	25
Jackson	65
Jefferson	0
Josephine	17
Klamath	6
Lake	0
Lane	91
Lincoln	12
Linn	8
Malheur	0
Marion	43
Morrow	0
Multnomah	765
Polk	3
Sherman	0
Tillamook	10
Umatilla	3
Union	4
Wallowa	6
Wasco	7
Washington	189
Wheeler	0
Yamhill	20

Counts by Oregon county for all full license types at practicing statuses. Practice locations are reported by licensees. If a licensee provides practice addresses in more than one county, the licensee will be counted in each county. Licensees in volunteer and administrative positions may also be included. Therefore, while this data represents licensee distribution throughout Oregon, it does not represent full-time clinical practitioners in each county.

Acupuncture in Pain Management: A Pathway to Interdisciplinary Collaboration in Oregon

John A. Rybak, MSAOM, LAc | Oregon Association of Acupuncturists

Conditions related to pain are a reported medical problem for over 50 million Americans each year.[1] Research shows that pain management costs the economy more than $600 billion annually in physician visits, analgesics, and loss of productivity.[2] There has been increasing emphasis on nonpharmacologic pain management methods. Mixed modality, multidisciplinary pain management has been shown to improve patient outcomes and reduce adverse events.[3] This brief paper is a non-exhaustive summary of the history, mechanisms of action, and efficacy of acupuncture. The purpose is to open greater channels of communication between acupuncturists, physicians, and other medical providers for the purposes of improving patient outcomes and ensuring greater medical safety for all Oregonians.

This year marks the 50th anniversary of acupuncture being a licensed medical practice in the state of Oregon. During that time, research has shown multiple mechanisms of action, efficacy, safety, and appropriate dosing for numerous pain conditions. While acupuncture as a medical specialty is represented by professionals who are board-certified following the completion of a four-to-six-year medical degree program, the educational model and professional communication have been slow to utilize modern physiologic language.

It is important to understand that as a subset of Chinese/Traditional East Asian medicine, acupuncture is representative of an organizational system. As such, acupuncture follows a continuous literary history spanning 3,000 years. An important note: while this organizational system is functional, it is also communicated in a 3,000-year-old linguistic model. Fortunately, the last 50 years of research have helped to modernize our understanding of acupuncture in physiologic terms.

It has been shown that acupuncture stimulates multiple physiologic mechanisms. These mechanisms include anti-inflammatory actions, antioxidant effects, autonomic vagus nerve regulation; increased endogenous opioids; action on cannabinoid CB2 receptors; neuromodulation via neurotransmitter actions; neuroendocrine actions; HPA axis regulation; neuroimmune regulation via mast cell activation; neuroplastic brain changes visible on fMRI; neural growth and regeneration/apoptosis reduction; whole-brain impacts via the default mode network, microbiome changes which affect mood and pain perception; microcirculatory changes; nociceptive/analgesic, pain-relieving actions. These mechanisms are generally recognized under three categories: connective tissue, biochemical, and neurological.

Connective Tissue

Acupuncture has been shown to make an impact on both short-term and long-term constituents of the surrounding cellular matrix in multiple ways.[4] These changes result in matrix deformation and signal transduction. From there, various physiological events occur, including protein synthesis, changes in neurotransmitter levels, increase in mast cell density, and cellular migration. It has been shown that acupuncture treatments may result in the reduction of exercise induced fibrosis of skeletal muscle.[5, 6]

Biochemical

It has been shown that acupuncture blocks pain by activating a variety of bioactive chemicals through peripheral, spinal, and supraspinal mechanisms. These include endogenous opioids,[7] which desensitize peripheral nociceptors and reduce pro-inflammatory cytokines peripherally and in the spinal cord. Additionally, acupuncture has been shown to stimulate increases of endogenous opiate peptides, serotonin, oxytocin, endocannabinoids, and norepinephrine while modulating levels of dopamine, COX-2, prostaglandin E2, acetylcholine, adrenocorticotropic hormone, and corticotropin releasing hormone.[8, 9, 10]

Neurological

Neuroimaging studies have shown evidence of acupuncture mechanisms of action include significant modulatory effects at various levels throughout the central nervous system.[11, 12]

Imaging studies have shown activation of multiple regions of the brain and corresponding deactivation of regions of the brain that are shown to relate to pain perception and stress.[13, 14]

Conditions
Acupuncture is currently prescribed for chronic and acute pain. Early studies summarized in the 1998 NIH consensus report identified promising results for acupuncture for post-operative and chemotherapy-induced nausea and vomiting, postoperative dental pain, myofascial pain, carpal tunnel syndrome, tennis elbow, and menstrual cramps.[15] Extensive meta-analyses have shown acupuncture is effective for chronic pain in conditions related to neck pain, back pain, low back pain, headaches, knee osteoarthritis, and shoulder pain with effects persisting over time.[16, 17, 18]

Conclusion
The integration of pharmacologic medications, exercise therapies, and surgical interventions with mixed-modal, multidisciplinary interventions in pain management have been shown to improve patient outcomes and quality of life better than standard-of-care alone. Acupuncture has been shown to be a safe, effective integrative therapy with diverse physiologic mechanisms.

It is the purpose and mission of the OAA to ensure the safety of all Oregonians. Within this purpose it is our goal to improve communication among acupuncturists, physicians, and other medical providers. Providers, patients, and policy makers are always welcome to reach out to the OAA for more information about acupuncture from an evidence-based perspective.

About the Author
The Oregon Association of Acupuncturists (OAA) is the medical association representing board certified acupuncturists and Chinese Medical Providers in Oregon. For more information go to **oregonacupuncturists.com**.

John Rybak is a board member, Strategic Director of Policy and Communications to the Legislative Committee, and past vice president of the OAA. He is also a faculty member at the Oregon College of Oriental Medicine, and the Medical Director of The WellBridge Clinic in Portland, Oregon. ✚

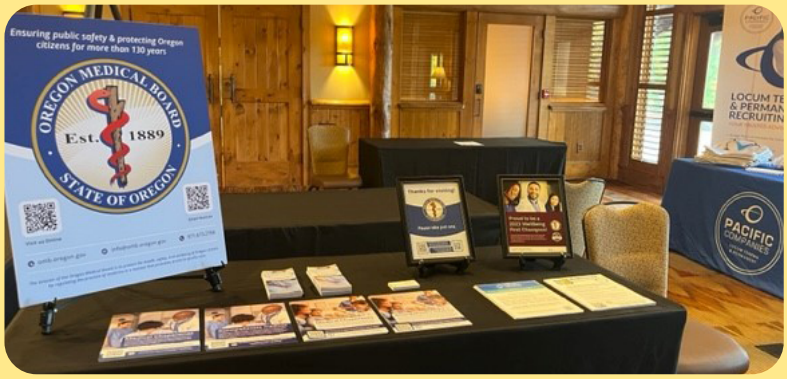
OMB News

In November, the 15th International Conference on Medical Regulation brought together more than 300 medical regulators from around the world who are members of the International Association of Medical Regulatory Authorities (IAMRA). Meeting attendees discussed many topics to advance efforts around health care workforce and regulation, including Artificial Intelligence (AI), racism in health care, migration of the medical workforce across borders, and health care provider wellness.

At this meeting, OMB Executive Director Nicole Krishnaswami, JD, was elected Chair-Elect of IAMRA, becoming the first representative of a U.S. medical board to lead IAMRA since the organization was founded in 1995. Since 2019, Ms. Krishnaswami has represented the North American region on IAMRA's board of directors, during which time she also chaired a committee to facilitate the exchange of disciplinary information among health regulators globally. In addition, the Oregon Medical Board and the Federation of State Medical Boards (FSMB) co-sponsored a resolution on the international recognition of Doctors of Osteopathic Medicine. The resolution was approved by the IAMRA members and is available to view **here**.

Left to right: Christoffer Poulson, DO, Board Vice Chair; Nicole Krishnaswami, JD, OMB Executive Director; Erin Cramer, PA, Board Chair

Board staff recently attended the **40th Annual Oregon Rural Health Conference** in Sunriver. This conference brings together hundreds of providers, administrators, policy-makers, consumers, and public health experts to explore topics of vital importance to Oregonians living in rural communities. ✚



Topic of Interest: Continuing Education

The OMB is committed to ensuring the ongoing competence of its licensees for the protection, safety and wellbeing of the public. All licensees must engage in a culture of continuous quality improvement and lifelong learning.

To renew a license, OMB licensees must satisfy the continuing education requirements in three areas:

- General Education (see chart below)
- Pain Management (1 hour every two years)
- Cultural Competency (1 hour every year)

General Continuing Education

OMB licensees will disclose their participation in maintenance of board certification or continuing medical education as outlined in **OAR 847-008-0070**.

Licensee Types & Hours Required

Physician (Medical, Osteopathic, and Podiatric)	
Status: Active, Administrative Medicine Active, Locum Tenens, Telemedicine Active, Telemonitoring Active, Teleradiology Active (MD/DO only)	**30 hours/year**
Status: Emeritus	**15 hours/year**
Physician Assistant	
Status: Active, Locum Tenens, or Telemedicine Active	**30 hours/year**
Status: Emeritus	**15 hours/year**
Acupuncturist	
Status: Active or Locum Tenens	**15 hours/year**
Status: Emeritus	**8 hours/year**

Maintenance of Board Certification: Licensees may fulfill general CME requirements through ongoing specialty board recertification (known as Maintenance of Certification). OMB staff will verify participation in recertification directly with the certifying specialty boards. Refer to **OAR 847-008-0070** for acceptable specialty boards.

Lifetime certification alone does not fulfill the Board's requirements of ongoing specialty board maintenance of certification. Licensees with lifetime certification must complete the CME hours described in the rule by the time of renewal.

Pain Management Continuing Education

Requirement: 1 hour every two years

In January 2022, the Oregon Legislature adopted ORS 413.590, requiring pain management continuing education on an ongoing basis. Recognizing that all providers play a role in a patient's pain management care and that up-to-date knowledge is one of many tools, **OAR 847-008-0075** requires all actively licensed Board licensees to complete the Oregon Pain Management Commission's (OPMC) continuing education course **Changing the Conversation About Pain**, at initial licensure and every two years. OPMC provides the free, one-hour **education program** online course updated every two years.

Cultural Competency Continuing Education

Requirement: 1 hour every year

As of July 1, 2021, **ORS 676.850** and **OAR 847-008-0077** require all board licensees to complete one hour of Cultural Competency Continuing Education every year. The law was written broadly for licensees to determine what would be relevant to their practice. The education content must teach attitudes, knowledge, and skills that enable a health care professional to care effectively for patients from diverse cultures, groups, and communities.

Educational opportunities: The cultural competency continuing education may, but does not have to, be accredited continuing medical education (CME). The law was written broadly to allow a wide array of courses or experiences, which may include: courses delivered in-person or electronically, experiential or service learning, cultural or linguistic immersion, volunteering in a rural clinic, completing an employer's cultural competency training, a training on implicit bias in health care, attending an event with members of an underserved community to discuss health care access issues, or courses approved by the Oregon Health Authority on the **OHA Cultural Competence Continuing Education (CCCE) webpage**. OMB licensees are not able to apply compensated time for practicing in a rural clinic to meet this continuing education requirement.

Number of hours: Licensees must complete an average of at least one hour of cultural competency education per year during an audit period. An audit period is two renewal cycles, for example every four years for most

licensees. Required hours will be based on the number of years licensed during the audit period; any portion of a year licensed will require one hour of cultural competency education. For example, a licensee who has been licensed for 3.5 years during the audit period will be required to obtain four hours of cultural competency education. Hours may be obtained at any time during the audit period. For example, either one four-hour experience, or four one-hour courses taken annually, would satisfy the requirement. **Fall 2023: For the first audit period, licensees will be required to report two hours of cultural competency education. Licensees may report hours for courses or experiences completed during the calendar year starting January 1, 2021.**

Relevancy Requirement

Continuing education hours must be relevant to your current practice. The following continuing education topics are considered relevant for all licensees, regardless of specialty:

- **Pain Management**
- **Cultural Competency**
- **Suicide Risk Assessment, Treatment, & Management**
- **Alzheimer's Disease** (physician and physician assistant licensees only)

Although not required, the Oregon Medical Board encourages continuing education in Suicide Risk Assessment, Treatment, and Management and Alzheimer's Disease. If you take continuing education in Suicide Risk Assessment, Treatment, and Management, please make note of these hours when you renew your license in the field provided.

Documentation

Continuing education compliance for the general requirement can be documented through the following:

- Certificate of completion;
- Official transcript;
- ACCME Program and Activity Reporting System (**PARS**)
- Hospital print-out; or
- Letter signed by the program administrator.

All documents must include the following:

- Name of licensee;
- Date of attendance;
- Number and specific type of credits (Ex: AMA Category 1);
- Name of course; and
- Topic of course.

For the pain management requirement, attest to completing the required course by checking a box on the renewal form. If audited, the OMB will confirm course completion with the Oregon Pain Management Commission.

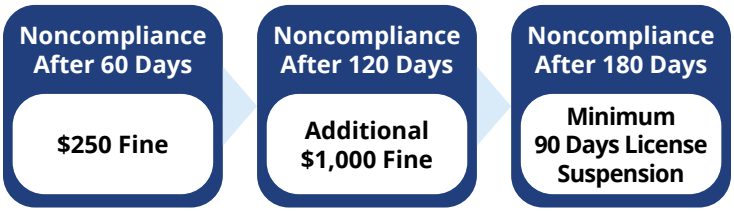
For cultural competency requirement, attest to completing the required hours by checking a box and reporting the number of hours obtained on the renewal form. The OMB will audit for compliance every other renewal cycle. If audited, the OMB will request licensees produce documentation of their cultural competency educational experiences. Documentation may be a course certificate, the **OMB record keeping form**, or other documentation.

Audits

Licensees will be randomly audited for CME compliance, including specific pain management and cultural competency requirements outlined above. If selected for an audit, you will be notified by e-mail and physical mail. The audit notification will provide directions on how to submit your materials.

Audited licensees have 60 days from the date on the audit notification to provide documentation of CME obtained during the audited license period.

Failure to Respond to an Audit:



Licensees should retain documentation of participation in specialty board recertification or completed CME hours in a safe place so that they can be easily produced if asked for verification of continuing education. ✚

From the Desk of the Medical Director

David Farris, MD | OMB Medical Director

Reporting Requirements

All too often, questions arise regarding mandatory reporting obligations. We acknowledge that this is a complicated and nuanced set of requirements. As such, I will endeavor to address only a subset of the recurring questions. My hope with this article is that we will see fewer case investigations for failure to file a mandatory report, which frequent readers will recognize aligns with my ultimate goal of keeping us all out of trouble.

One: Failure to report an impaired colleague

In one incident, eleven coworkers were aware that a licensee was impaired while providing patient care; only one reported this incident to the Board. More recently, five people were aware; again, one reported. Most assumed someone else reported it, but that doesn't discharge an individual's obligation to ensure that the Board has been notified.

A word of advice: If one person (e.g. a department head, program director, chief medical officer, etc.) intends to make a comprehensive report on behalf of their practice partners, medical staff, etc., the reporter ought to include a written statement to that effect. Further, the reporter should include the names of those health care professionals on whose behalf the report is filed for two main reasons. First, Board staff may need to interview others who have pertinent information. Second, individuals who fail to make a mandatory report are themselves subject to an investigation; however, a report filed on their behalf may avoid such collateral investigations.

Remember – delaying a report of impairment with a nexus to patient care puts patients at risk.

Two: Back to school

I was asked if it needed to be reported that a surgeon needed or wanted additional training in a specific operation. Answer: We have no interest in licensees seeking additional training. Go for it. The lines come in at practice restrictions. Had the decision been "no more of Procedure A until…" and it was based on complications – potential negligence – then yes, please report. Not to say the Board will take action – it's all fact dependent, but restrictions on privileges, credentials, or other practice limitations are to be reported.

OMB Consultants

The OMB's cadre of subject matter experts – our expert medical consultants – deserve our collective gratitude.

For background, the Board acts on complaints. We are not interested in going out looking for trouble. Plenty cometh, and allegations of improper care require specialty-specific review facilitated by expert consultants on contract with the Board. The question for the consultant is: Was the care within the standard of practice for this specialty? Answering this question is usually fraught. Not always because deviation/no deviation from standards is unclear, but because consultants are being asked to pass judgment on a peer. No one takes it lightly or finds joy in finding negligence. Instead, consultants are motivated by a professional and personal altruistic desire to serve patients and the medical community.

Would you consider joining the cadre of expert consultants? In some specialties, we are flush with volunteers, but in others it's an ongoing search. If interested, please reach out to me through the Board.

Making Charts Available

We are getting more and more complaints about patients' inability to get chart notes from providers. I give you the OMB patient records web page as a resource.

In brief, you have to have records stored and available when you quit; *you have to give patients their records; you have to forward records to new providers* ***when requested by the patient.*** It's the law. And if you're leaving practice entirely, notify the Board where your records will be stored and accessible to patients. ✚

Joint Statement on Distribution of Short-Acting Opioid Antagonists (Naloxone and Nalmefene)

Oregon Medical Board | Oregon State Board of Nursing | Oregon Board of Pharmacy

The Oregon Medical Board, the Oregon State Board of Nursing, and the Oregon Board of Pharmacy encourage all licensees to familiarize themselves with the laws and standards for distributing and dispensing short-acting opioid antagonists to those who may need or request them. **Expanded access to short-acting opioid antagonists contributes to broader harm reduction efforts against the opioid crisis and will help save lives.**

In 2023, the Oregon Legislature passed and Governor Kotek signed into law **HB 2395** and **SB 450**, which increased the accessibility of short-acting opioid antagonists (naloxone and nalmefene) for the reversal of opioid overdose.

HB 2395 allows a health care professional, a pharmacist with prescription and dispensing privileges, a law enforcement officer, a firefighter, an emergency medical services provider, or any other person designated by the State Board of Pharmacy by rule to:

- Distribute and administer a short-acting opioid antagonist and the necessary medical supplies to administer the short-acting opioid antagonist ("kit");
- Distribute multiple kits to:
  - An individual who has experienced an opioid overdose or is likely to experience an opioid overdose;
  - Family members of an individual who has experienced an opioid overdose or is likely to experience an opioid overdose; and
  - Any other individual who requests one or more kits; and
- Distribute multiple kits to social service agencies or to other persons who work with individuals who have experienced an opioid overdose. The social services agencies or other persons may redistribute the kits to individuals likely to experience an opioid overdose or to family members of the individuals.

Such distribution of short-acting opioid antagonists does not require a prescription.

SB 450 exempts short-acting opioid antagonists in the form of a nasal spray from certain labeling requirements when the opioid antagonists are personally dispensed by a health care provider at their practice location.

For more information on these and other efforts to address the opioid crisis, visit the **Oregon Health Authority's website**.

DEA, HHS Extend Telemedicine Flexibilities Through 2024

A message from the Drug Enforcement Administration

"[The] DEA received more than 38,000 comments on its proposed telemedicine rules and recently held two days of public listening sessions related to those rules. We continue to carefully consider the input received and are working to promulgate a final set of telemedicine regulations by the fall of 2024, giving patients and medical practitioners time to plan for, and adapt to, the new rules once issued. Accordingly, DEA, jointly with the Department of Health and Human Services (HHS), has extended current telemedicine flexibilities through **December 31, 2024**. The **full text** of the extension, entitled "Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications," was submitted to the Federal Register jointly with HHS on September 29."

Health Care 'Game-Changer'? Feds Boost Care for Homeless

Angela Hart | KFF Health News

The Biden administration is making it easier for doctors and nurses to treat homeless people wherever they find them, from creekside encampments to freeway underpasses, marking a fundamental shift in how — and where — health care is delivered.

Starting Oct. 1, the Centers for Medicare & Medicaid Services began allowing public and private insurers to pay "street medicine" providers for medical services they deliver any place homeless people might be staying.

Previously, these providers weren't getting paid by most Medicaid programs, which serve low-income people, because the services weren't delivered in traditional medical facilities, such as hospitals and clinics.

The change comes in response to the swelling number of homeless people across the country, and the skyrocketing number of people who need intensive addiction and mental health treatment — in addition to medical care for wounds, pregnancy, and chronic diseases like diabetes.

"It's a game-changer. Before, this was really all done on a volunteer basis," said Valerie Arkoosh, secretary of Pennsylvania's Department of Human Services, which spearheaded a **similar state-based billing change** in July. "We are so excited. Instead of a doctor's office, routine medical treatments and preventive care can now be done wherever unhoused people are."

California **led the nation** when its state Medicaid director in late 2021 approved a new statewide billing mechanism for treating homeless people in the field, whether outdoors or indoors in a shelter or hotel. "Street medicine providers are our trusted partners on the ground, so their services should be paid for," Jacey Cooper told KFF Health News.

Hawaii and Pennsylvania followed. And while street medicine teams already operate in cities like Boston and Fort Worth, Texas, the new government reimbursement rule will allow more health care providers and states to provide the services.

"It's a bombshell," said Dave Lettrich, executive director of the Pittsburgh-based nonprofit Bridge to the Mountains, which provides outreach services to street medicine teams in Pennsylvania. "Before, you could provide extensive primary care and even some specialty care under a bridge, but you couldn't bill for it."

Under the **new rule**, doctors, nurses, and other providers can get reimbursed to care for patients in a "non-permanent location on the street or found environment," making it the first time the federal government has recognized the streets as a legitimate place to provide health care. This will primarily affect low-income, disabled, and older people on Medicaid and Medicare.

"The Biden-Harris Administration has been focused on expanding access to health care across the country," said CMS spokesperson Sara Lonardo, explaining that federal officials created a new reimbursement code at the request of street medicine providers who weren't consistently getting reimbursed.

The White House **unveiled an ambitious strategy** earlier this year to reduce homelessness in America 25% by 2025, in part by plowing health care money into better care for those living on the streets.

Legislation pending in Congress would further expand reimbursement for street medicine, taking aim at the mental health and addiction crisis on the streets. The bipartisan bill, introduced earlier this year, has not yet had a committee hearing.

Nearly 600,000 people are homeless in America, based on **federal estimates from 2022**, and on average they die younger than those who have stable housing. The **life expectancy for homeless people** is 48, compared with the **overall life expectancy** of 76 years in the U.S.

More than 150 street medicine programs operate across the country, according to street medicine experts. At least 50 are in California, up from 25 in 2022, said Brett Feldman, director of street medicine at the University of Southern California's Keck School of Medicine.

Feldman spearheaded the state and national efforts to help street medicine providers get paid, alongside **the Street Medicine Institute**. They submitted a **formal request** to the Biden administration in January 2022 to ask for a new street medicine billing code.

Continued on page 15

Oregon Administrative Rules

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules expire 180 days after adoption unless permanently adopted through the rulemaking process. Official notice of rulemaking is provided in the Secretary of State Bulletin. The full text of the OARs under review and the procedure for submitting comments can be found at **omb.oregon.gov/rules**.

PROPOSED RULES

Written comments for all proposed rulemakings are due by 5 p.m. on November 27, 2023, via email to **elizabeth.ross@omb.oregon.gov**. Additional information can be found at **omb.oregon.gov/rules**.

847-080-0001, 847-080-0042: Implementing HB 2817 (2023) for the Practice of Podiatry
The Oregon Legislature passed HB 2817 (2023) to include within the definition of "podiatry" the treatment of the skin, skin-related structures and subcutaneous masses, and wounds involving skin, skin-related structures and subcutaneous masses, on the human leg no further proximal than the tibial tubercle. The proposed rule amendments implement HB 2817 and clarify that podiatric physicians and surgeons practice podiatry as defined in ORS 677.010, within the duty of care, and within their individual education, training, and experience.

The Oregon Medical Board will accept written comments until 5 p.m. on November 27, 2023. To participate in the public hearing, please see the ***rulemaking information sheet*****.**

847-025-0020: Implementing SB 232 (2023) Updating Exceptions to Licensure for Telemedicine
The Oregon Legislature passed SB 232 (2023), for telemedicine licensure exemptions, to better define "temporarily" to include patients in Oregon for business, vacation, or education and add an allowance for an out-of-state physician or PA with an established relationship to provide continuity of care via telemedicine on a periodic or intermittent basis when the patient is located in Oregon. The proposed rule amendments align with these updates.

847-015-0025: Updating Physician Dispensing Rule with Physician Assistants Collaborative Practice and Clarify Rule Includes Podiatric Physicians
The proposed rule amendments align with the new PA collaborative practice model and clarifies the rule is applicable to podiatric physicians also. The corresponding rule specific to PA dispensing is OAR 847-050-0041.

847-050-0010, 847-050-0027, 847-050-0029, 847-050-0035, 847-050-0036, 847-050-0037, 847-050-0038, 847-050-0040, 847-050-0041, 847-050-0046, 847-050-0050, 847-050-0080, 847-050-0082: Implementing HB 2584 (2023) and HB 3036 (2021) Shifting Physician Assistants to Collaborative Practice Model
The Oregon Legislature passed HB 2584 (2023) to fully implement physician assistant (PA) collaborative practice created in HB 3036 (2021). The bill clarifies that PAs practice medicine; outlines a PA's duty of care; defines a PA's scope of practice is based on their education, training, and experience; updates the employer definition for collaboration agreements; and removes the requirement that a PA's collaboration agreement include the PA's performance assessment. The proposed rule amendments align with these updates. Additionally, all PAs are required to enter into a collaboration agreement by December 31, 2023. Practice agreements and practice descriptions will no longer be valid on January 1, 2024. Therefore, the proposed rule amendments and repeals remove aspects of and references to the supervisory practice model for PAs.

847-008-0010, 847-020-0185, 847-020-0190, 847-050-0070, 847-070-0060, 847-080-0028, 847-080-0030: Updating Process for When Oregon Medical Board Applications may Expire or be Withdrawn
The proposed amendments clarify that an application for licensure expires after 12 months if it is not completed or if the registration fee is unpaid. The proposed amendments state that an application cannot expire if it is under review by the Board or a Committee of the Board. In those circumstances, the application must be withdrawn, or the Board may issue an order. The proposed amendments also clarify the withdrawal process for applicants and aligns the process across all OMB professions. The proposed amendments to OAR 847-020-0185 replace a temporary rule that was adopted on July 11, 2023.

847-070-0016: Updating Requirements for the NCCAOM Certification Exams
The proposed rule amendment updates the requirements for the NCCAOM Certification Exams for acupuncture applicants to allow four attempts on each of the three exam components. Also, the proposed rule amendment updates the Accreditation Commission for Acupuncture and Herbal Medicine name change.

847-070-0017: Clarifying Acupuncture Clinical Training Rules
The proposed rule amendments clarify the requirements for clinical supervisors and for acupuncture students performing acupuncture in training situations.

PERMANENT RULES

847-010-0069: Repealing Compliance with the Oregon Health Authority's COVID-19 Requirements
The Oregon Health Authority (OHA) rescinded provisions in OAR 333-019-1011 requiring workers in health care settings to wear masks on April 3, 2023, and repealed OAR 333-019-1010 requiring workers in health care settings to be COVID-19 vaccinated on May 11, 2023. With the OHA's rescission of these rules, the Oregon Medical Board rule is no longer needed and has been repealed.

847-020-0130, 847-020-0150, 847-020-0160: Updating Licensure Requirements for International Medical School Graduates and Documents Submitted for MD/DO Licensure
The amendment updates the International Medical School Graduate (IMG) requirements for licensure by removing the requirement for an IMG to speak and write in English. IMGs also obtain certification by the Educational Commission for Foreign Medical Graduates, which includes passage of the USMLE. These exams intrinsically confirm English proficiency. The rule amendment continues the work directed in Oregon Laws 2019, chapter 469 (SB 855), to implement methods to reduce barriers to licensure for applicants who may be immigrants or refugees. Second, the amendment updates the documents submitted for MD/DO licensure by adding the results of a Physician Data Center (PDC) Query from the Federation of State Medical Boards (FSMB). When available, licensing staff now utilize the PDC Query to directly verify other state licensure.

847-017-0003, 847-017-0010: Updating BLS and ACLS Certification Requirements for OMB Licensees Performing Office-based Surgery
The amendments clarify that an active American Heart Association Basic Life Support certification or equivalent CPR course that includes a practical skills evaluation is required for licensees performing office-based surgeries. Second, the amendments clarify licensees performing Level II or Level III office-based surgeries must be certified in American Heart Association Advanced Cardiovascular Life Support or equivalent ACLS course that includes a practical skills evaluation. Third, the amendments update the list of Board recognized accreditation agencies for Level II or Level III facilities.

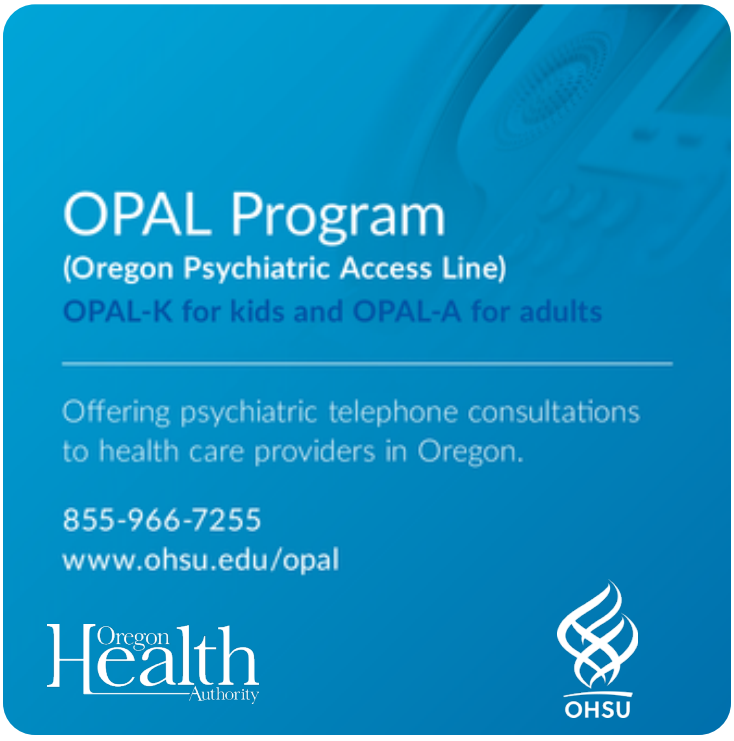
RULEMAKING UPDATES

847-035-0030: Adds Administration of Benzodiazepines for Seizures or Agitation at the EMT-Intermediate Level
The EMS Advisory Committee did not meet in August 2023. On December 1, 2023, the EMS Advisory Committee will review the 847-035-0030 rulemaking, adding administration of benzodiazepines for seizures or agitation at the EMT-Intermediate level. The Oregon Medical Board will review the Committee's recommendation on January 4, 2024.

REMINDER: PA Collaborative Practice Deadline Dec. 31

All Oregon PAs must transition to a collaboration agreement no later than December 31, 2023. Any PA practicing on January 1, 2024, without a collaboration agreement in place will be practicing in violation of the Medical Practice Act.

Please refer to the OMB's **PA Collaborative Practice FAQs** document for more information or contact Elizabeth Ross at **elizabeth.ross@omb.oregon.gov** with questions.



Board Actions: July 16, 2023 – October 15, 2023

Many licensees have similar names. Please review Board Action details carefully to ensure that it is the intended licensee.

NON-DISCIPLINARY BOARD ACTIONS

*These actions are not disciplinary and are not reportable to the national data banks.**

CORRECTIVE ACTION AGREEMENTS

These agreements are not disciplinary orders and are not reportable to the national data banks unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating identified concerns.*

HENNAN, Kristi N., MD; MD172046 | Salem, OR
On October 5, 2023, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved charting and documentation course.

JORGENSEN, Steven L., DO; DO194569 | Roseburg, OR
On October 5, 2023, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete pre-approved courses in mandatory reporting of possible abuse or neglect of a minor, childhood nutrition and physical development, and managing the physician-patient relationship with complex patients and advocates.

MONTEZ, Laura S., PA; PA00928 | Clackamas, OR
On October 5, 2023, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to complete a pre-approved professional boundaries course.

POLIN, Richard S., MD; MD25930 | Portland, OR
On October 5, 2023, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to enter into a relationship with a pre-approved professional coach who will provide quarterly reports to the Board; begin participation in a pre-approved behavioral program; and maintain an on-going therapeutic relationship with a pre-approved healthcare provider.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

These actions are not disciplinary and are not reportable to the national data banks. They are agreements to facilitate the licensee's re-entry to practice after a period of two or more years away from clinical practice.*

BARKER, Gerald A., MD; MD20868 | Beaverton, OR
On August 23, 2023, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved board-certified family medicine physician mentor for six months and submit 150 hours of Category 1 CME hours within 12 months.

DUMITRU, Jessica E., PA; PA01284 | Tualatin, OR
On August 16, 2023, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 1,200 hours.

JANOWICZ, Jessica L., LAc; AC217545 | Bend, OR
On September 26, 2023, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved acupuncturist mentor for 80 hours and submit 30 hours of NCCAOM-approved continuing education units.

MAYNARD, Melissa S., LAc; AC214618 | Corbett, OR
On October 11, 2023, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved acupuncturist mentor for 120 hours and submit 5.5 hours of NCCAOM-approved continuing education units.

PENSE, Stanley C., MD; MD175323 | Coquille, OR
On August 9, 2023, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

THIBERT, Mark A., MD; MD169232 | Bend, OR
On September 27, 2023, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

DISCIPLINARY ACTIONS

*These actions are reportable to the national data banks.**

APAU, Richard K., MD; MD20737 | Hillsboro, OR
On October 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct; failing to comply with a Board request; and refusing an invitation for an informal interview with the Board. With this Order, Licensee surrenders his medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

HEITSCH, Richard C., MD; MD11610 | Portland, OR
On October 5, 2023, Licensee entered into a Stipulated Order with the Board for impairment and incapacity to practice medicine. With this Order, Licensee retires his medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

KLEIN, Joel B., MD; MD157946 | Medford, OR
On October 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional conduct, and repeated negligence in the practice of medicine. With this Order, Licensee retires his medical license while under investigation effective December 31, 2023, and agrees to never reapply for an Oregon medical license. Additionally, this Order restricts Licensee's prescribing of certain medications; requires prescribing for chronic opiates to adhere to current Oregon Pain Commission standards; and subjects Licensee's practice to no-notice chart audits and office visits by Board designees.

KNOX, David G., MD; MD12267 | Portland, OR
On October 5, 2023, Licensee entered into a Stipulated Order with the Board for failing to follow the American Academy of Pediatrics practice standards for medical cannabis; making statements that the licensee knows, or with the exercise of reasonable care should know, are false or misleading regarding the efficacy or value of the medicine, treatment or remedy prescribed or administered by the licensee; and repeated negligence in the practice of medicine. With this Order, Licensee surrenders his medical license while under investigation effective December 31, 2023; is prohibited from reapplying for an Oregon medical license for at least two years; and is assessed a civil penalty of $5,000.

PRASAD, Alvin A., PA; PA203622 | Beaverton, OR
On August 9, 2023, the Board issued an Order of License Suspension to immediately suspend licensee's physician assistant license pursuant to ORS 677.225(1)(b).

QUINN, Dorian D., LAc; AC00124 | West Linn, OR
On August 3, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional conduct; using the designation "Dr." in any form of advertising that is untruthful or is intended to deceive or mislead the public; and violations of Board statutes and rules. This Order revokes Licensee's acupuncture license; however, the revocation is stayed pending Licensee's successful completion of five years of probationary terms. Probation terms include the assessment of a $5,000 civil penalty with $2,500 stayed, and successful completion of pre-approved courses in ethics, orthopedic acupuncture for the lower extremities, and assessment and treatment of the Jingjin, myofascial techniques.

ROBBINS, Debra G., PA; PA00888 | Medford, OR
On October 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and repeated acts of negligence and gross negligence. With this Order, Licensee retires her physician assistant license while under investigation and is prohibited from reapplying for an Oregon physician assistant license for at least two years.

SARVER, Patrick J., MD; MD25942 | Medford, OR
On October 5, 2023, Licensee entered into a Stipulated Order with the Board for unprofessional conduct; fraud or misrepresentation in applying for or procuring a license to practice in this state, or in connection with applying for or procuring registration; violating a Board rule; violating a Board order; and failing to comply with a Board request. With this Order, Licensee retires his medical license while under investigation and is prohibited from reapplying for an Oregon medical license for at least two years.

ORDERS MODIFYING OR TERMINATING PREVIOUS BOARD ORDERS

HICKEN, Michael P., MD; MD24159 | Hillsboro, OR
On October 5, 2023, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's October 5, 2017, Stipulated Order.

KING, Julie A., MD; MD23864 | Medford, OR
On October 5, 2023, the Board issued an Order Terminating Stipulated Order and Order Modifying Stipulated Order. This Order terminates Licensee's April 5, 2018, Stipulated Order and April 1, 2021, Order Modifying Stipulated Order.

SHERER, Kevin E., MD; MD156626 | Redmond, OR
On October 5, 2023, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's July 11, 2019, Stipulated Order.

SHERMAN, Michael G., MD; MD24253 | Corvallis, OR
On October 5, 2023, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's January 6, 2022, Stipulated Order.

SWEETSER, Matthew G., MD; MD185090 | Klamath Falls, OR
On October 5, 2023, the Board issued an Order Terminating Stipulated Order. This Order terminates Licensee's July 6, 2023, Stipulated Order.

Current and past public Board Orders are available on the **OMB's website**.

**National Practitioner Data Bank (NPDB) and Federation of State Medical Boards.*

Feds Boost Care for Homeless, continued

In the letter, they argued that street medicine saves lives — and money.

"This is done via walking rounds with backpacks, usually working out of a pick-up truck or car, but is also done via horseback, kayak, or any other means to reach hard-to-reach people," they wrote. "The balance of power is shifted to the patient, with them as the lead of their medical team."

Street medicine experts argue that by dramatically expanding primary and specialty care on the streets, they can interrupt the cycle of homelessness and reduce costly ambulance rides, hospitalizations, and repeated trips to the emergency room. Street medicine could help California save 300,000 ER trips annually, Feldman projected, based on Medicaid data. Some street medicine teams are even placing people into permanent housing.

Arkoosh said there's already interest bubbling up across Pennsylvania to expand street medicine because of the federal change. In Hawaii, teams are plotting to go into remote encampments, some of them in rainforests, to expand primary and behavioral health care.

"We're seeing a lot of substance abuse and mental health issues and a lot of chronic diseases like HIV," said Heather Lusk, executive director of the Hawai'i Health & Harm Reduction Center, which provides street medicine services. "We're hoping this can help people transition from the streets into permanent housing."

But the federal change, undertaken quietly by the Biden administration, needs a major public messaging campaign to get other states on board and to entice more providers to participate, said Jim Withers, a longtime street medicine provider in Pittsburgh who founded the Street Medicine Institute.

"This is just the beginning, and it's a wake-up call because so many people are left out of health care," he said.

***KFF Health News**, formerly known as Kaiser Health News (KHN), is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at **KFF** — the independent source for health policy research, polling, and journalism.*

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Monday - Friday, 8 a.m. - 5 p.m.
(closed 12 p.m. - 1 p.m.)

Board staff are also available by phone (**971-673-2700**) or email (**info@omb.oregon.gov**).

Office Closures

Thursday/Friday, November 23/24 - **Thanksgiving**

Monday, December 25 - **Christmas**

Monday, January 1 - **New Years Day**

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Visit **omb.oregon.gov/subscribe** to register for any of the following notices from the Oregon Medical Board:

- Acupuncture Interested Parties
- Administrative Rules
- Board Action Report
- EMS Interested Parties
- *OMB Report* Quarterly Newsletter
- Public Meeting Notice
- Quarterly Malpractice Report

Applicant/Licensee Services

For new license applications, renewals, address updates, practice agreements, and supervising physician applications: **omb.oregon.gov/login**

Licensing Call Center

Hours: **9 a.m. - 3 p.m.** (closed 12 p.m. - 1 p.m.)
Phone: **971-673-2700**
Email: **licensing@omb.oregon.gov**

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Statement of Purpose

The *OMB Report* is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.